

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-676)

SERIAL NO.

09937322

FILING DATE

APPLICANT(S)

CLAIMS

NO.	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DER.	IND.	DER.	IND.	DER.
1						
2	1					
3	2					
4	1					
5	1					
6	1					
7	1					
8	1					
9	1					
10	1					
11	1					
12	1					
13	1					
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34	1					
35	1					
36	1					
37	1					
38	1					
39	1					
40	1		1		1	
41	1		1		1	
42	1		1		1	
43	2		2		2	
44	1		1		1	
45	1		1		1	
46	2		2		2	
47	2		2		2	
48	2		2		2	
49						
50		2			2	
TOTAL IND.				4		
TOTAL DER.					13	
TOTAL CLAIMS					17	

*		*		*	
51		2		2	
52		4		4	
53		4		4	
54		4		4	
55		4		4	
56		4		4	
57		4		4	
58		4		4	
59		4		4	
60		4		4	
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62		4		4	
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64		4		4	
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66		4		4	
67		4		4	
68		4		4	
69		4		4	
70		4		4	
71		4		4	
72		4		4	
73		4		2	
74					
75		1			
76		1			
77		1			
78			4		
79			4		
80			4		
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95					
96					
97					
98					
99					
100					
TOTAL IND.				8	
TOTAL DER.					0
TOTAL CLAIMS				117	

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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